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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) M&T Bank and Wilmington Trust Political Action Committee 575 Main Street ADDRESS (number and street) 11th Floor (Check if address is changed) Buffalo 14203 NY CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS igoodling@mtb.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2018 C00137273 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Goodling, Isaac, , Mr., Type or Print Name of Treasurer Goodling, Isaac, , Mr., [Electronically Filed] 01 2018 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

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		OMMITTEE	
	ndidate	Committee:	
(a)	ш	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	plete the candidate
Nam Can	ne of didate		
	didate y Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Nam Can	ne of didate		
Par	ty Con	nmittee:	_
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its confi	nected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	nt Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

Γ			
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Write or Type Committee N	Name		
M&T Bank an	nd Wilmington Trust F	Political Action C	Committee
6. Name of Any Connecte	ed Organization, Affiliated Committee,	Joint Fundraising Representat	ive, or Leadership PAC Sponsor
M&T Bank			
Mailing Address	One M&T Plaza		
5			
	Buffalo	NY	14203
	CITY	STATI	ZIP CODE
	-		211 0002
Relationship: X Conne	ected Organization Affiliated Committe	e Joint Fundraising Repres	entative Leadership PAC Sponsor
 Custodian of Records: books and records. 	Identify by name, address (phone number	er optional) and position of th	e person in possession of committee
Full Name			
Mailing Address			
Title or Position	CITY	STATE	ZIP CODE
		Telephone number	
8. Treasurer: List the name any designated agent (e.	e and address (phone number optional) .g., assistant treasurer).	of the treasurer of the commit	tee; and the name and address of
Full Name Goodli	ing, Isaac, , Mr.,		
Mailing Address	575 Main Street		
	11th Floor		
	Buffalo	l NY	14203
	CITY	STATE	ZIP CODE
Title or Position , Asst. Vice President		32	716 848 6841
		Telephone number	

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Full Name of Designated Agent	Seifert, Noah, , ,	
Mailing Address	575 Main Street	
-	11th Floor	
	Buffalo NY 14203	-
	CITY STATE	ZIP CODE
Title or Position		848 - 4721
safety deposit b	r Depositories: List all banks or other depositories in which the committee deposits funds, holoxes or maintains funds.	ds accounts, rents
	oxes or maintains funds. Depository, etc. Manufacturers & Traders Trust Company	ds accounts, rents
safety deposit b	oxes or maintains funds. Depository, etc. Manufacturers & Traders Trust Company One M&T Plaza	ds accounts, rents
safety deposit b Name of Bank,	Depository, etc. Manufacturers & Traders Trust Company One M&T Plaza	ds accounts, rents
safety deposit b Name of Bank,	oxes or maintains funds. Depository, etc. Manufacturers & Traders Trust Company One M&T Plaza	ds accounts, rents
safety deposit b Name of Bank,	Depository, etc. Manufacturers & Traders Trust Company One M&T Plaza	ds accounts, rents
safety deposit b Name of Bank,	Depository, etc. Manufacturers & Traders Trust Company One M&T Plaza Buffalo CITY STATE	
safety deposit b Name of Bank, Mailing Address	Depository, etc. Manufacturers & Traders Trust Company One M&T Plaza Buffalo CITY STATE	
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, etc. Manufacturers & Traders Trust Company One M&T Plaza Buffalo CITY STATE Depository, etc.	
safety deposit b Name of Bank, Mailing Address	Depository, etc. Manufacturers & Traders Trust Company One M&T Plaza Buffalo CITY STATE Depository, etc.	
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, etc. Manufacturers & Traders Trust Company One M&T Plaza Buffalo CITY STATE Depository, etc.	

: 97 'A = G7 9 @ G B9 C I G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: F1A Transaction ID:

Updated name and contact information for Treasurer. Updated contact information for Assistant Treasurer.

Form/Schedule: Transaction ID:

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
-	Organization, Affiliated Committee, Joint Fund Corporation Poltical Action Committee	• .	e, or Leadership PAC Spons
Mailing Address	1100 North Market Street		
	Wilmington	DE	19890
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
		t Fundraising Representa	
	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		Leadership PAC Spo
	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
Full Name	CITY	STATE A	ZIP CODE A
Full Name	CITY A		
Full Name Mailing Address TITLE OR POSITION	CITY A CITY A pries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or make the safety deposit boxes or make the safety depository, etc.	CITY A CITY A pries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or make the safety deposit boxes or make the safety depository, etc.	CITY A CITY A pries: List all banks or other depositories in which	STATE A	ZIP CODE A